

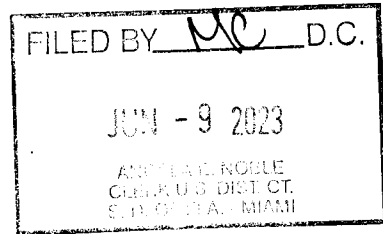
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

Civil Case Number: _____

SAMUEL LEHI CHURCHILL
(Write the full name of the plaintiff)

vs.

ARMOR CORRECTIONAL HEALTH INC.



(Write the full name of the defendant/s in this case)

COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

I. Party Information

A. Plaintiff: SAMUEL LEHI CHURCHILL

Address: 800 SE. MONTEREY RD. STUART, FL 34994

Inmate/Prison No.: 000321

Year of Birth: 1983 (Do not include day or month, pursuant to Fed. R. Civ. P 5.2)

(Write your name, address and prison/inmate number, if applicable)

vs.

B. Defendant: ARMOR CORRECTIONAL HEALTH INC. Defendant: _____

Official Position: MEDICAL PROVIDER Official Position: _____

Place of Employment: MARTIN COUNTY JAIL Place of Employment: _____

(Write the full name of each defendant, official position and place of employment. Attach a separate page if you need additional space for additional defendants.)

II. Statement of Claim

Briefly describe the facts of your case. Describe how each defendant is involved, names of other persons involved, and dates and places. Each claim should be stated in a separately numbered paragraph. Please use short and plain statements, with separately numbered paragraphs indicating why the relief requested should be granted. Do not include legal arguments or cite cases or statutes. Attach additional pages, if necessary.

1) I, SAMUEL CHURCHILL, BROKE MY RIGHT FOOT AT MARTIN COUNTY JAIL, MARTIN COUNTY, FLORIDA JAN 18TH, 2023

2) ON JAN 19TH, 2023 I RECEIVED AN X-RAY FROM TECH-CARE X-RAY

3) ON JAN 20TH, 2023 X-RAYS CAME BACK CONFIRMING ACUTE FRACTURES

4) AT THIS POINT ARMOR CORRECTIONAL HEALTH INC. DID NOTHING TO BRACE OR TEMPORARILY FIX TO THIS INJURY

5) MARCH, 2023, 2 MONTHS LATER, AFTER A SERIES OF - CONT... →

III. Relief Requested

Briefly state what you are requesting from the Court (what do you want the Court to do). Do not include legal arguments or cite cases or statutes. Attach additional pages, if necessary.

I THE PLAINTIFF, SAMUEL CHURCHILL, WISHES TO REQUEST THE FOLLOWING: MONETARY DAMAGES PLUS INTEREST; PAST PAIN AND SUFFERING AS WELL AS FUTURE PAIN AND SUFFERING IN THE SUM OF \$750,000; FUTURE MEDICAL TREATMENT FOR REPAIR AND RECONSTRUCTION; A SUM OF \$250,000 FOR RESULTING PHYSICAL IMPAIRMENT, AS WELL AS PROPER REHABILITATION FOR RECOVERY; AND AN ADDITIONAL SUM OF \$500,000 FOR THE MEDICAL NEGLIGENCE SUFFERED AND CONTINUE TO SUFFER, AS WELL AS MONETARY DAMAGES FOR MENTAL ANGUISH.

II. Statement of Claim

SICK CALLS TO ARMOR CORRECTIONAL HEALTH INC. AND
ADMINISTRATIVE COMPLAINTS ABOUT MEDICAL, I WAS TRANSPORTED
TO AN OUTSIDE SPECIALIST WHICH ALSO CONFIRMED
ACUTE FRACTURES AS WELL AS OTHER ISSUES DUE TO
BREAK AND NEGLIGENCE OF LACK OF MEDICAL ATTENTION
TO MY INJURY.

6) ORTHOPEDIC PHYSICIAN (WHOSE NAME IS UNKNOWN
AT THIS TIME) SENT TRANSCRIPTS WITH MEDICAL ORDERS
FOR CAT SCAN AND SURGERY WITH TRANSPORT OFFICER (WHOSE
NAME IS UNKNOWN AT THIS TIME) TO GIVE TO ARMOR CORRECTIONAL
HEALTH INC. WHICH HE DID.

7) OUTSIDE ORTHOPEDIC SPECIALIST (WHOSE NAME IS UNKNOWN)
EXPLAINED FOOT NEEDS RE-BROKE, STRAIGHTENED, PINS, RODS, WIRES, WITH
BONEY REMODELING; AN EXTENSIVE PROCESS.

8) SINCE MARCH'S APPOINTMENT, ARMOR CORRECTIONAL HEALTH INC
HAS FAILED TO DO ANYTHING, LEAVING ME IN BAD PHYSICAL CONDITION.

9) I HAVE FILED NUMEROUS SICK-CALLS AND NONE HAVE BEEN
ANSWERED

10) I HAVE FILED 12 INMATE REQUEST FOR MEDICAL GRIEVANCES,
NONE HAVE BEEN RESPONDED TO.

II. Statement of Claim

11) I HAVE FILED IN-HOUSE COMPLAINTS, MEDICAL APPEALS
AS WELL AS A LETTER TO INTERNAL AFFAIRS.

12) I HAVE EXHAUSTED ALL ADMINISTRATIVE OPTIONS
TO RECEIVE MEDICAL CARE REGARDING THIS ISSUE.

13) ARMOR CORRECTIONAL HEALTH INC. CONTRACT WITH
MARTIN COUNTY JAIL HAS EXPIRED AS OF JUNE 1ST
2023 AND HAS SINCE BEEN REPLACED WITH WELLPATH.

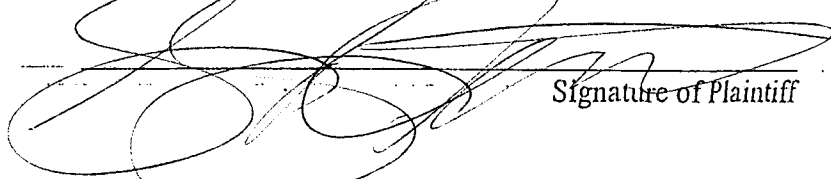
14) ARMOR CORRECTIONAL HEALTH INC. WAS DELIBERATELY
INDIFFERENT, EVEN AFTER OUTSIDE PHYSICIAN EXAMINED.

15) ARMOR CORRECTIONAL HEALTH INC. FAILED TO CARRY
OUT MEDICAL ORDERS AND DENIED ME PROPER
MEDICAL TREATMENT.

IV. Jury Demand

Are you demanding a jury trial? ☒ Yes ☐ No

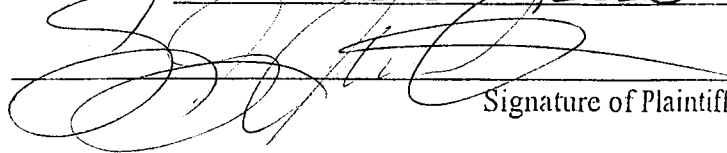
Signed this 5TH day of JUNE, 20 23

A large, stylized handwritten signature in black ink, written over a horizontal line.

Signature of Plaintiff

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: JUNE 5TH, 2023

A large, stylized handwritten signature in black ink, written over a horizontal line.

Signature of Plaintiff

Samuel Church III 000321
800 SE MONTEREY RD.
STUART, FL 34994

ATTENTION

This Letter originated from the Martin County Jail. Inmate mail is not censored. The Sheriff cannot assume responsibility for its content.

LEGAL MAIL

33128-180549

CLERK'S OFFICE
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA
400 NORTH MIAMI AVENUE, 8ND
MIAMI, FL 33128-7716

WEST PALM BCH, FL 334

6 JUN 2023 PM 1 L

